

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA
TRANSCRIPT ORDER FORM
Use one form per court reporter
*****Please read instructions on next page*****

1. ATTORNEY NAME Thomas K. Godfrey	2. PHONE NUMBER 406-657-6101	3. EMAIL ADDRESS (for transcript delivery) marisa.petersen@usdoj.gov						
4. MAILING ADDRESS (including law firm name, if applicable) U.S. Attorney's Office 2601 Second Avenue North, Suite 3200 Billings, MT 59101		5. NAME & ROLE OF PARTY REPRESENTED: If not a party, use non-party request form. United States of America, Plaintiff						
6. CASE NAME U.S. v. Gabriel Cowan Metcalf								
7. DISTRICT COURT CASE NUMBER CR 23-103-BLG-SPW / MJ 23-130-BLG-TJC								
8. COURT REPORTER NAME: Use a separate form for each court reporter. Kim Marchwick		9. COURT OF APPEALS CASE NUMBER (if applicable)						
10. THIS TRANSCRIPT ORDER IS FOR:								
<input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CJA (AUTH-24 filed in e-voucher)	<input type="checkbox"/> IN FORMA PAUPERIS (court order attached)					
11. TRANSCRIPT REQUESTED: For each transcript requested, please specify the date of the proceeding, the proceeding or partial proceeding requested, the transcript format, and the delivery time. Financial arrangements must be made with the court reporter before transcript is prepared.								
DATE	PROCEEDING If requesting a partial proceeding, specify portion (e.g., witness or time).	PAPER Full Size	PAPER A-Z Word Index	E-MAIL PDF	E-MAIL ASCII	E-MAIL A-Z Word Index	DELIVERY TIME	
8/24/23	Det. Hearing- Stroble Testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 day	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 day	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 day	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 day	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 day	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 day	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 day	
12. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:								
13. SIGNATURE s\ Thomas K. Godfrey					14. DATE 3/1/2024			